

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10572825</div>		FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5	1			1			55						
6	1	5					56						
7		6					57						
8		6		1			58						
9		6		1			59						
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11		6		1			61						
12	1		1				62						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	13	←	12	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	18		14				TOTAL CLAIMS						